

A Survey on the Psychosexual Implications of Female Genital Mutilation on Urhobo Women of The Niger Delta Communities of Nigeria

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ABSTRACT The study focuses on the psychosexual problems associated with the practice of female Genital Mutilation (F.G.M) of Urhobo women in the Niger Delta communities of Nigeria. It was found out through the purposive sampling method that the practice of F.G.M has survived over the years because of the traditional importance attached to it and the cultural belief that, the practice prevents sexual promiscuity amongst women on the one hand, and that it prevents the mortality of babies at birth. Other attendant problems discovered in the course of the study shows that the practice of F.G.M is painful and it serves as a major source of infection on the woman on whom it is carried out. Also, the practice causes dyspareunia, frigidity and lack of sexual satisfaction. Ironically, there is large-scale ignorance about the health and societal implications of F.G.M amongst the Niger Delta Women. This therefore constitutes the main focus of this paper. It argues for a concerted campaign against the evils of F.G.M. because of its harmful effect on the womenfolk, their homes and the society, and prescribes for a vigorous public enlightenment/awareness that would lead to the abolition of this retrogressive practice.

BACKGROUND AND CONTENTIONS

Female Genital Mutilation (FGM) in the views of the World Health Organization WHO (1995) encompasses a number of traditional operations that involve cutting away parts or all of the female external genitalia or causing other injury to the female genitals, whether for cultural or any other non-therapeutic reasons.

Where Female Genital Mutilation (FGM) takes place, it is often performed during infancy, childhood, adolescence or young adulthood. FGM has traditionally been called "Female circumcision" but unlike the male circumcision (where only the foreskin is removed) the procedure is far more invasive and dangerous for the female, Akindele (1990a). The term "female Genital mutilation" aptly describes the consequences of this procedure, distinguishing it from the much milder 'male circumcision'; and puts into cognisance its physical, psycho-sexual and human rights implications. FGM is a repulsive practice in all its forms and is no way related to male circumcision which is for religious and biological purposes.

In most society where FGM is practiced, it is believed that it encourages chastity, it curbs female sexual desires and so makes the woman faithful by reducing her libido and invariably any tendency towards promiscuity - Akindele (1990b). And women who are not subjected to it are sometimes ostracized. Kiragu (1995) posited

that some believe it has aesthetic, purifying, and hygienic benefits.

However, regardless of the various cultural reasons given for this practice, evidence show that women who have gone through the experience, often end up with tears and various forms of adverse side effects. The magnitudes of these adverse effects on the reproduction health of victims have generated a lot of concern. Almost all international and regional conferences on human right & gender equality over the last decade, have focused on female Genital Mutilation. There is a clarion call for the eradication of this dehumanizing practice where ever it exists.

In Kenya, women are taught that sexual pleasure is for men alone, and that showing signs of pleasure during coitus brands a woman as having "low" morals. Among the Maasai, Kikuyu, Meru and Kiisi tribes in Kenya, Kirage (1995a) asserted that the practice of female genital mutilation involving, the excision of the clitoris and or labia; usually done to infants or young girls has long been justified on the grounds that it reduces the libido and sexual desires of the woman. Kiragu also posited that in this horrifying violation of human rights, tradition promotes the belief that the bodies of the female gender are ultimately the property of men, and that women's right to their sexuality can be "excised" from them, just as parts of their

anatomy are cut away. This goes to show that female genital mutilation is done with the cultural view of reducing or regulating a woman's sexual sensitivity and invariably her response.

Masters and Johnson (1966) in their theory of "Human Sexual Response" gave detailed accounts of the physiology of the human sexual response. According to masters and Johnson, the clitoris and prepuce form the most consistently erotic area of the female human body, and the clitoris has a physiological function (though limited) to initiate or elevate levels of sexual excitement. From the above concepts of the human sexual responses, it is easy to deduce that most victims of FGM may have a feeling of reduced femininity, and some may feel that they have been deprived of important parts of their external genitalia, parts of which are directly related to the vital and pleasurable process of sexual relationship. Olafimihan (1993) argued that these women may feel inferior physically and psychologically. They may also have diminished desire for coitus, and diminished coital frequency; i.e. they may not be actively involved during sexual intercourse. And as posited by the IPPF Medical Bulletin (1981), victims of FGM may also have sexual difficulty or pain, inform of a *apareunia* or *dispareunia* with or without *vaginisimus* which could be due to: (a) Painful memory of the process of circumcision (b) a painful circumcision scar; and (c) dry penetration because of diminished vaginal secretion or associated *vaginisimus*. All of these go to show the adverse effect of FGM on its victims psychosexually.

Though reports on female Genital Mutilation implicated reduction in the woman's sexual expression as a major reason for its practice - Kirage (1995b), campaigns against female Genital Mutilation have introduced a new dimension by emphasizing the sexual rights of the woman, and the adverse effect of this practice on the woman's reproductive life as a premise for further campaign. To this effect this paper is motivated by some questions on FGM amongst Urhobo women in the Niger Delta area of Nigeria. Such other question also came to mind. These are;

- (1) What type of female Genital Mutilation is practiced by the Urhobos in the Niger Delta communities of Nigeria?
- (2) What reasons are given for the practice of

FGM amongst Urhobo Women?

- (3) What are the complications associated with this practice?
- (4) Which of these complications are psychosexual in origin?
- (5) How do these complications affect the Urhobo woman's acceptance of this practice?

There is no doubt that the acceptance or rejection of a practice will affect its continuation or discontinuation. There is also no doubt that the acceptance or rejection of any practice is greatly influenced by knowledge: the knowledge of the positive and negative effects of such practice. And it is also logical to believe that no people would want to continue a practice if they have the knowledge (and adequate understanding) that its negative effects far out-weighs the positive. It is on this premise that this paper is focused, to determine the reasons given for female genital mutilation amongst Urhobo Women of the Niger Delta Communities of Nigeria, the complications of this practice as experienced by its victims and the relationship between this practice and psychosexual problems experienced by these women. Thus, the information obtained will not only provide more premise for further campaign against FGM, it will also be a source of more knowledge on the immense adverse side-effects of FGM to the society, the victims in particular and the proponents of the practice in general. Furthermore it is hoped that the information obtained from the study would go a long way at influencing policy and decision making on the need to discontinue the harmful practice of Female Genital Mutilation.

MATERIALS AND METHOD

This paper is based on a descriptive survey of the psychosexual implications of female Genital Mutilation on Urhobo women in the Niger Delta Communities of Nigeria. Circumcised Urhobo women resident in the Niger Delta area of Nigeria were used for this study. The respondents were selected by accidental method. A self-developed questionnaire to elicit demographic characteristics of respondent, awareness of the practice of FGM and its likely complications, and respondent sexual perception of self was administered. The questionnaire yielded a correlation co-efficient of 0.86 when tested for

reliability before use. Analysis employed was descriptive and inferential statistics.

RESULTS

A total of 46 respondents were used for this study, all of whom were young married women, who had been genitally mutilated. The respondents were within the age bracket of 20-45 yrs with the lowest at 21 years and the highest at 45 years.

The results of the survey revealed that the greater number of respondents 73.91% had type 1 FGM, which means they have had their prepuce and probably part or all of the clitoris removed. While the rest of the respondent (26.1%) had type 2 FGM, indicating that their clitoris and part of the labia minora had been removed (Table 1). A total of 67 reasons were given by the respondent for the practice of FGM, but two main reasons had very high frequencies, and these are: tradition (47.76%), and to prevent promiscuity in females (35.82%), other reasons given are that uncircumcised women have still births (13.43%), and give birth to mentally retarded babies (2.99%), (Table 2). Quite a number of the respondents (28.26) experienced a degree of heamorrhage after the operation, while (63.04%) experienced severe pain and (8.7%) had no complications (Table 3). (56.52) of respondents were aware of the possibility of the spread of HIV infection via this practice of FGM, while (30.44%) responded negatively ; (89.13%) of the respondents were aware of the possible spread of tetanus via this practice, while (8.70%) responded negatively; (32.61%) responded both negatively and positively to the awareness of possible infertility resulting from the practice (Table 4). Table 5 revealed that majority of the respondents (63.04%) had satisfactory sexual relationships before circumcision, but this dropped to a mere (8.70%) after circumcision; (32.61%) had mild and (4.35%) had neutral sexual satisfaction before circumcision, but this statistics changed after the mutilation to mild (43.48%) and neutral (47.83%). And finally table 6 showed that out of 16 respondents (65.22%) would want the practice of FGM abolished, while (34.78%) would not.

DISCUSSION

Since the survey was focused on finding out

Table 1: Type of FGM practiced amongst Urhobo

Type of FGM	Frequency	%
Type1	34	73.91
Type 2	12	26.1
Type 3	0	0
Type 4	0	0

Table 2: Reasons for FGM

Reasons	Frequency	%
Tradition	32	47.76
Prevention of promiscuity	24	35.82
Prevention of still births	9	13.43
Prevention of birth of mentally retarded	2	7.99

Table 3: Respondents by complications experienced

Complications	Frequency	%
Heamorrhage	13	28.26
Severe pain	29	63.04
Keloid or cyst formation	0	0
Failure of wound to heal	0	0
Urinary retention	0	0
None	4	8.70

Table 4: Respondents by awareness of possible complications of FGM

Possible complications	Yes		No		Don't know	
	Frequency	%	Frequency	%	Frequency	%
AIDS Infection	26	56.52	14	30.44	6	13.04
Tetanus infection	14	89.13	4	8.70	1	2.17

Table 5: Sexual satisfaction before and after FGM

Sexual satisfaction	Pre FGM		Post FGM	
	Frequency	%	Frequency	%
Neutral	2	4.35	22	47.83
Mild	15	32.61	20	43.45
Satisfactory	29	63.04	4	8.70

Table 6: Respondent by their wish for FGM abolishment

PRO – FGM abolition	Frequency	%
No	16	34.78
Yes	30	65.22

psychosexual implications of female Genital Militation on its victims, various inquiries were made into the sexual satisfaction of the respondents. The survey revealed that the sexual satisfaction of the women diminished after FGM was performed on them. Also, the greater number of respondents 34 (73.9%) wished they

never had FGM; this indicates that the majority would rather not go through the practice if given a choice and empowered to defend that choice. The survey also revealed appreciable decline of perceived sexual satisfaction, from 63.04% to 8.70% post FGM. However the survey revealed that despite the harrowing experience of Genital Mutilation and its attendant complications, a near significant percentage of the respondents (34.78%) would not support its abolition, because they view it as a fight against their tradition. This finding corroborates Althaus' (1997) study, that FGM is an integral part of the societies that practice it where patriarchal authority and control of female sexuality and fertility operates.

CONCLUSION

The study revealed that FGM is carried out amongst Urhobo Women at young adulthood and adolescence with the prevalent types being types 1&2 while hemorrhage and severe pain are the most common complications experienced. The survey also revealed that FGM does result in a significant reduction in the sexual satisfaction of women who had experienced it. And a significant percentage of these women expressed that they wished they had not gone through the experience. However, even though a greater percentage of women want the practice abolished, an indispensable number would rather the

practice is not stopped. This indicates that FGM is indeed an integral part of the societies that practice it, and the realization of its abolition would require committed and consistent enlightenment and awareness campaign to combat this societal ill.

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